

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90125 044 ***150.00

DOCUMENT # P97000013103

1. Entity Name
CAFE' ESPRESSO OF CENTRAL FLORIDA, INC.

Principal Place of Business
**1540-A W. BRANDON BLVD
 BRANDON FL 33511**

Mailing Address
**350 LAKEWOOD DR APT 336
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

1425 Lakeshore Ranch Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seffner, FL

Zip

Country

Zip

Country

33584

US

4. FEI Number **59-3428169**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERSONS, LEAH M
 350 LAKEWOOD DR APT 336
 BRANDON FL 33510**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE **P** ☐ Delete
 NAME **PERSONS, LEAH**
 STREET ADDRESS **350 LAKEWOOD DR 336**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Change ☐ Addition
 NAME **PERSONS, LEAH**
 STREET ADDRESS **1425 Lakeshore Ranch Drive**
 CITY-ST-ZIP **Seffner, FL 33584**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Leah Persons**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

813-685-1101

Daytime Phone #

CR2E034 (10/00)